

## **Deadline Approaching: Avoid Medicaid Provider Disenrollment Submit Application by September 24, 2016**

Updated information about PPACA re-enrollment activities was posted on the TMHP website August 31, 2016. Medicaid MCOs should ensure their contracted providers are aware of the information below related to Medicaid provider disenrollment.

As a requirement of the Patient Protection and Affordable Care Act (PPACA), providers must have their enrollment revalidated by state Medicaid programs by September 24, 2016. In accordance with PPACA and upon the direction of the Texas Health and Human Services Commission (HHSC), TMHP will accept completed provider revalidation applications received by September 24, 2016. There will be no immediate disenrollment actions taken on providers meeting this submission date. Providers must continue to respond to all application deficiencies in a timely manner to remain enrolled.

Note: The federal deadline to revalidate is September 24, 2016, which is a Saturday. TMHP offices will be closed. Providers will not be able to physically bring their paper applications to TMHP on that day. Applications submitted electronically through the Provider Enrollment on the Portal (PEP) on or before September 24, 2016, will be accepted and processed as having met the deadline.

### **Disenrollment Process for Providers that Miss the September 24, 2016, Deadline**

TMHP, under the direction of HHSC, will begin the disenrollment process for any provider that does not submit a completed revalidation application received by September 24, 2016. The disenrollment process will include, but is not limited to the following:

- TMHP will send a notice of termination of the HHSC Medicaid Provider Agreement to the provider.
- TMHP will notify Medicaid clients that they must choose a new provider if they have open prior authorizations from a provider that does not meet the deadline.
- TMHP will transfer all open prior authorizations for clients who choose a new provider.

The disenrollment process will begin shortly after September 24, 2016; however, a final disenrollment date has not yet been determined. Final disenrollment may occur as early as November 2016. Providers that do not meet the submission deadline should inform their Medicaid patients to begin seeking a new provider.

### **Revalidation Applications Received After the September 24, 2016, Deadline**

Revalidation applications received after September 24, 2016, will be processed. Receipt of a completed revalidation application after the September 24, 2016, submission deadline will not cease disenrollment actions. If a revalidation application received after September 24, 2016, has not completed processing by the final disenrollment date, the provider will be disenrolled and have a gap in enrollment from the final disenrollment date until the application is approved and finalized. Additionally, disenrolled providers will not be eligible to participate as network providers in Medicaid managed care organizations (MCOs) or dental maintenance organizations (DMOs).

This revalidation requirement applies to providers that participate in Medicaid Fee for Service (FFS), Medicaid managed care, the Texas Vendor Drug Program (VDP), the Children with Special Healthcare Needs (CSHCN) Services Program, and in long term care (LTC) services administered through the Texas Department of Aging and Disability Services (DADS).

To avoid disenrollment, and a disruption in claims payment, providers should submit a revalidation application to the state or TMHP immediately.

Information for Acute Care and Pharmacy/Durable Medical Equipment (DME) providers re-enrolling through TMHP:

- TMHP Provider Re-enrollment webpage
- TMHP Provider Re-enrollment Application
- TMHP Provider Re-enrollment FAQs
- Contact a TMHP provider enrollment representative for assistance at 1-800-925-9126, Option 3.
- TMHP Provider Enrollment Tool Quick Reference Guide
- Submit general re-enrollment question via email or request a PEP application walk-through at [Provider.Enrollment.Mailbox@tmhp.com](mailto:Provider.Enrollment.Mailbox@tmhp.com).

**Information for Long Term Care (LTC) only providers with a DADS Medicaid contract re-enrolling through DADS:**

- DADS Re-enrollment webpage
- DADS Provider Re-enrollment Forms
- DADS Provider Re-enrollment FAQs
- Submit questions via DADS Provider Re-enrollment Mailbox.

**Information for Vendor Drug Program (VDP) providers re-enrolling through VDP:**

- VDP providers should receive a targeted outreach communication from the Vendor Drug Program with specific information for this provider type.
- VDP Re-enrollment webpage
- VDP Re-enrollment Application
- VDP Provider Re-enrollment FAQs
- Submit provider re-enrollment questions via email at [MCD\\_Pharmacy\\_Re-Enrollment@hhsc.state.tx.us](mailto:MCD_Pharmacy_Re-Enrollment@hhsc.state.tx.us).

**Information for Medicaid MCO Long-Term Services and Support (LTSS) Provider:**

There is a separate enrollment process for LTSS providers that bill MCOs and do not have an active DADS Medicaid contract and do not have a Texas Provider identifier (TPI) for the same provider type to bill TMHP for acute care services. These providers are required to re-enroll through the Medicaid MCO LTSS provider re-enrollment process. LTSS providers that are unaware of their DADS contract status may contact DADS at [Texas.Medicaid.Enrollment@dads.state.tx.us](mailto:Texas.Medicaid.Enrollment@dads.state.tx.us) to verify contract status and establish next steps.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.